

<i>SERFF Tracking Number:</i>	<i>ELCC-125643083</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38948</i>
<i>Company Tracking Number:</i>	<i>920RI2008AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>920RI2008AR/920RI2008AR</i>		

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiChoice

SERFF Tr Num: ELCC-125643083 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 38948

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 920RI2008AR

State Status: Approved-Closed

Filing Type: Rate

Co Status: Closed-Approved

Reviewer(s): Stephanie Fowler

Author: Jana Peterson

Disposition Date: 07/22/2008

Date Submitted: 05/12/2008

Disposition Status: Approved

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 920RI2008AR

Status of Filing in Domicile: Pending

Project Number: 920RI2008AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 10%

Group Market Type:

Filing Status Changed: 07/22/2008

State Status Changed: 07/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Attached please find an actuarial memorandum outlining our request for the following rate increases on Medicare Supplement Policy Form 920:

Plan Rate Increase

A 10.0%

B 10.0%

C 10.0%

D 10.0%

<i>SERFF Tracking Number:</i>	<i>ELCC-125643083</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>920RI2008AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>920RI2008AR/920RI2008AR</i>		

E 10.0%

F, High Ded. F 10.0%

G 10.0%

H (with and without Drugs) 10.0%

I (with and without Drugs) 10.0%

J, High Ded. J (with and without Drugs) 10.0%

We are seeking these rate increases to bring the cumulative lifetime loss ratio closer to the filed and approved loss ratio of 65%. We intend for this increase to take effect on the later of July 1, 2008 or the date this rate revision is approved.

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist	Jana.Peterson@Equilife.com
3 Triad Center	(877) 579-3782 [Phone]
Salt Lake City, UT 84180	(801) 579-3781[FAX]

Filing Company Information

Equitable Life & Casualty Insurance Company	CoCode: 62952	State of Domicile: Utah
3 Triad Center	Group Code: -99	Company Type: Life and Health
Suite 200		
Salt Lake City, UT 84180	Group Name:	State ID Number:
(801) 579-3400 ext. [Phone]	FEIN Number: 87-0129771	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	State Filing Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	05/12/2008	20268608

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Company Tracking Number:	920RI2008AR		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	EquiChoice		
Project Name/Number:	920RI2008AR/920RI2008AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	07/22/2008	07/22/2008
Approved	Stephanie Fowler	05/29/2008	05/29/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	07/22/2008	07/22/2008	Jana Peterson	07/22/2008	07/22/2008
Pending Industry Response	Stephanie Fowler	05/28/2008	05/28/2008	Jana Peterson	05/29/2008	05/29/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Monthly rates appear incorrect	Note To Filer	Stephanie Fowler	07/22/2008	07/22/2008

<i>SERFF Tracking Number:</i>	<i>ELCC-125643083</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38948</i>
<i>Company Tracking Number:</i>	<i>920RI2008AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>920RI2008AR/920RI2008AR</i>		

Disposition

Disposition Date: 07/22/2008

Implementation Date:

Status: Approved

Comment: My apologizes, we have researched this based on the additional information you presented and have corrected our records.

Thank you for your assistance and patience in this matter.

Rate data does NOT apply to filing.

SERFF Tracking Number:	ELCC-125643083	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	38948
Company Tracking Number:	920RI2008AR		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	EquiChoice		
Project Name/Number:	920RI2008AR/920RI2008AR		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	2005 Approved Rates	Accepted for Informational Purposes	Yes
Rate	Rate Schedule	Approved	Yes
Rate	Monthly Rates	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>ELCC-125643083</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38948</i>
<i>Company Tracking Number:</i>	<i>920RI2008AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>920RI2008AR/920RI2008AR</i>		

Disposition

Disposition Date: 05/29/2008

Implementation Date:

Status: Approved

Comment: Thank you for your quick response!

We have approved the requested 10.0% rate increase for Plans A, B, C, D, E,F, G, H, I, J, HDF, HDJ and without drug versions H, I, J, and HDJ to be implemented on or after July 1, 2008. This approval is subject to the following:

1. Increases will not be given more frequently than once in a twelve-month period.

Rate data does NOT apply to filing.

SERFF Tracking Number:	ELCC-125643083	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	38948
Company Tracking Number:	920RI2008AR		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	EquiChoice		
Project Name/Number:	920RI2008AR/920RI2008AR		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	2005 Approved Rates	Accepted for Informational Purposes	Yes
Rate	Rate Schedule	Approved	Yes
Rate	Monthly Rates	Approved	Yes

SERFF Tracking Number: ELCC-125643083 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38948
Company Tracking Number: 920RI2008AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: 920RI2008AR/920RI2008AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/22/2008
Submitted Date 07/22/2008
Respond By Date 08/22/2008

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

It has been brought to my attention that the rates for Plans H, I, J, and HDJ appear to be incorrect. Our calculations show that the rates for these four plans are more than 10% above the previously approved amounts. Please attach the correct rates.

I apologize for any inconvenience this late notification may have caused.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/22/2008
Submitted Date 07/22/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: I am attaching a copy of the 2005 approved rates. Our actuary states:

"The attached are the premiums from 2005 (approved by the AR department on 4/7/2005). The rates submitted in the 2008 filing (approved on 5/29/08) are 10% higher than the attached rates, as reflected in Attachment C of the actuarial memorandum."

SERFF Tracking Number: *ELCC-125643083* *State:* *Arkansas*
Filing Company: *Equitable Life & Casualty Insurance Company* *State Tracking Number:* *38948*
Company Tracking Number: *920RI2008AR*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *EquiChoice*
Project Name/Number: *920RI2008AR/920RI2008AR*

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 2005 Approved Rates

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jana Peterson

SERFF Tracking Number: ELCC-125643083 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38948
Company Tracking Number: 920RI2008AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: 920RI2008AR/920RI2008AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/28/2008
Submitted Date 05/28/2008
Respond By Date 06/30/2008

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate Schedule (Rate)

Comment: Please supply me with the proposed monthly rates.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/29/2008
Submitted Date 05/29/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Proposed Monthly rates attached to Rate/Rule Schedule

Related Objection 1

Applies To:

- Rate Schedule (Rate)

Comment:

Please supply me with the proposed monthly rates.

Changed Items:

SERFF Tracking Number: ELCC-125643083 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38948
Company Tracking Number: 920RI2008AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: 920RI2008AR/920RI2008AR

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Monthly Rates 920-A, 920-B, 920-C, 920-D, New
920-E, 920-F, 920-HDF,
920-G, 920-H, 920-I, 920-J,
920-HDJ

Previous State Filing Number

Percent Rate Change Request

0

Sincerely,
Jana Peterson

SERFF Tracking Number: *ELCC-125643083* *State:* *Arkansas*
Filing Company: *Equitable Life & Casualty Insurance Company* *State Tracking Number:* *38948*
Company Tracking Number: *920RI2008AR*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *EquiChoice*
Project Name/Number: *920RI2008AR/920RI2008AR*

Note To Filer

Created By:

Stephanie Fowler on 07/22/2008 01:56 PM

Subject:

Monthly rates appear incorrect

Comments:

It has been brought to my attention that the rates for Plans H, I, J, and HDJ appear to be incorrect. Our calculations show that the rates for these four plans are more than 10% above the previously approved amounts. Please attach the correct rates. I will keep this filing re-opened for 30 days from this date.

I apologize for any inconvenience this late notification may have caused.

Thank you,

Stephanie Fowler

Form and Rate Analyst

SERFF Tracking Number: ELCC-125643083 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38948
Company Tracking Number: 920RI2008AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: 920RI2008AR/920RI2008AR

Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Approved 05/29/2008
Comments:
Attachment:
Cover Letter.pdf

Satisfied -Name: 2005 Approved Rates **Review Status:** Accepted for Informational Purposes 07/22/2008
Comments:
Attachment:
AR 920 2005 Monthly Premiums.pdf



May 12, 2008

John Shields
A&H Rate Filings
Arkansas Insurance Department
1200 W. 3rd Street
Little Rock, AR 72201-1904

**Re: Equitable Life & Casualty Medicare Supplement Rate Increase
Policy Form 920 Plans A-J**

Dear Mr. Shields:

Attached please find an actuarial memorandum outlining our request for the following rate increases on Medicare Supplement Policy Form 920:

<u>Plan</u>	<u>Rate Increase</u>
A	10.0%
B	10.0%
C	10.0%
D	10.0%
E	10.0%
F, High Ded. F	10.0%
G	10.0%
H (with and without Drugs)	10.0%
I (with and without Drugs)	10.0%
J, High Ded. J (with and without Drugs)	10.0%

We are seeking these rate increases to bring the cumulative lifetime loss ratio closer to the filed and approved loss ratio of 65%. We intend for this increase to take effect on the later of July 1, 2008 or the date this rate revision is approved.

Thank you for your consideration in this matter. If you should have any questions, please call me at (801) 579-3414.

Very truly yours,

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

A handwritten signature in black ink, reading "Richard E. Klar, Jr." in a cursive script.

Richard E. Klar, Jr., ASA, MAAA
Corporate Actuary

Equitable Life & Casualty Insurance Company
Medicare Supplement Policy Form 920
2005 Arkansas Premium Rates - All Ages (Approved on 4/7/2005)

<u>Mode</u>	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D</u>	<u>Plan E</u>	<u>Plan F</u>	<u>Plan G</u>	<u>Plan H</u>	<u>Plan I</u>	<u>Plan J</u>	<u>Plan HDF</u>	<u>Plan HDJ</u>
Annual	1,746.00	3,140.00	3,832.00	2,759.00	3,012.00	4,547.00	3,194.00	5,869.00	6,538.00	7,460.00	2,048.00	3,358.00
Monthly Bank Draft	145.50	261.67	319.34	229.92	251.00	378.92	266.17	489.09	544.84	621.67	170.67	279.84